

DECLARATION AND POWER OF ATTORNEY
 (37 CFR 1.63)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"A TIME-BAKE CYCLE FOR A REFRIGERATED OVEN"

The specification of which:

is attached hereto.

was filed on _____ as Application Serial No. _____, and was amended on
 _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

PRIOR UNITED STATES APPLICATIONS(S)

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (Patented, Pending, Abandoned)

I hereby appoint the following practitioners my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Robert O. Rice (Reg. No. 26,574), Stephen D. Krefman (Reg. No. 28,631), Thomas J. Roth (Reg. No. 32,294), Andrea Powers Denklau (38,998), and Joel M. Van Winkle (Reg. No. 37,458)

Address all correspondence to: Customer Number 00173

All telephone inquiries should be made to: Joel Van Winkle (616) 923-6439.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Dated		Inventor's Signature		
Full Name of Inventor	Last Name MUELLER	First Name DIANNE	Middle Name D.	
Residence & Citizenship	City ENGLEWOOD	State or Foreign Country OHIO	Country of Citizenship UNITED STATES OF AMERICA	
Post Office Address	Street & No. 841 SUNSET DR.	City ENGLEWOOD	State or Country OHIO	Zip Code 45322

DECLARATION AND POWER OF ATTORNEY

Attorney's Docket No. US20010115

Dated		Inventor's Signature		
Full Name of Inventor	Last Name LUKENS	First Name DALE	Middle Name	
Residence & Citizenship	City VANDALIA	State or Foreign Country OHIO	Country of Citizenship UNITED STATES OF AMERICA	
Post Office Address	Street & No. 808 DAMIAN ST.	City VANDALIA	State or Country OHIO	Zip Code 45377

Dated		Inventor's Signature		
Full Name of Inventor	Last Name ANDERSON	First Name DAVID	Middle Name J.	
Residence & Citizenship	City TIPP CITY	State or Foreign Country OHIO	Country of Citizenship UNITED STATES OF AMERICA	
Post Office Address	Street & No. 845 COPPERFIELD LANE	City TIPP CITY	State or Country OHIO	Zip Code 45371

Dated		Inventor's Signature		
Full Name of Inventor	Last Name TATE, JR.	First Name RALPH	Middle Name	
Residence & Citizenship	City EVANSVILLE	State or Foreign Country OHIO	Country of Citizenship UNITED STATES OF AMERICA	
Post Office Address	Street & No. 6673 OLD STATE RD.	City EVANSVILLE	State or Country INDIANA	Zip Code 47710

Dated		Inventor's Signature		
Full Name of Inventor	Last Name LEICHLITER	First Name THOMAS	Middle Name J.	
Residence & Citizenship	City ST. JOSEPH	State or Foreign Country MICHIGAN	Country of Citizenship UNITED STATES OF AMERICA	
Post Office Address	Street & No. 1331 OLD FARM LANE	City ST. JOSEPH	State or Country MICHIGAN	Zip Code 49085

Dated		Inventor's Signature		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street & No.	City	State or Country	Zip Code